

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

14624

FILED APR 24 1953

State File No. 156

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>146</u> | | PRIMARY REG. DIST. NO. <u>3026</u> | | Registrar's No. <u>156</u> | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY <u>Jackson</u> | | b. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u> | | a. STATE <u>Missouri</u> | | b. COUNTY <u>Jackson</u> | |
| c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u> | | d. STREET ADDRESS <u>823 Hayden</u> | | e. ZIP CODE <u>7005</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>823 So. Hayden</u> | | | | d. STREET ADDRESS (If rural, give location) <u>823 Hayden</u> | | | |
| 3. NAME OF DECEASED | | | | 4. DATE OF DEATH | | | |
| a. (First) <u>Charles</u> | | b. (Middle) <u>B</u> | | c. (Last) <u>McCarty</u> | | d. (Month) <u>April</u> (Day) <u>9</u> (Year) <u>1953</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Feb. 19-1868</u> | |
| 9. AGE (In years last birthday) <u>85</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Carpenter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Builder</u> | | 11. BIRTHPLACE (State or foreign country) <u>Indiana</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>William Mc. Cartey</u> | | 13b. MOTHER'S MAIDEN NAME <u>Anna Bonta</u> | | 14. NAME OF HUSBAND OR WIFE <u>Nancy Mc. Cartey</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nancy Mc. Cartey</u> | | 18. ADDRESS <u>Indep</u> | |
| 18. CAUSE OF DEATH | | | | MEDICAL CERTIFICATION | | | |
| Enter only one cause per line for (a), (b), and (c) | | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | |
| | | | | DUE TO (b) _____ | | | |
| | | | | DUE TO (c) _____ | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | | | Diabetes | | | |
| Conditions contributing to the death but not related to the disease or condition causing death. | | | | Interval between ONSET AND DEATH <u>Several years</u> | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY | | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ | | 21f. HOW DID INJURY OCCUR? _____ | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 22. I hereby certify that I attended the deceased from <u>4-29, 1951</u> , to <u>April 9, 1953</u> , that I last saw the deceased alive on <u>April 9, 1953</u> and that death occurred at <u>10:22 a.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Ethel Watson M.D.</u> (Degree or title) _____ | | | | 23b. ADDRESS <u>129 W. Lexington Mo</u> | | 23c. DATE SIGNED <u>April 10, 1953</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>April 13, 53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Massard Grove</u> | | 24d. LOCATION (City, town, or county) (State) <u>Independence Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>4-12-53</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Poland R. Speaks</u> | | ADDRESS <u>Indep Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Raymond M. Hardy

Licensed Embalmer No. *4913*

P. O. Address *Indep. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.